

STATE BOARD OF EXAMINERS OF PSYCHOLOGY
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602
<http://psycho.state.ky.us/>

Please complete the following related to your status:
(Must be submitted with application materials)

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| 1. Have you been denied licensure/certification in any state/jurisdiction? | Yes | No |
| 2. Has your license/certification been suspended or revoked in any state/jurisdiction? | Yes | No |
| 3. Have you surrendered or allowed you license/certification to lapse in any state/jurisdiction due to an action pending or threatened? | Yes | No |
| 4. Has your license/certification been subject to any disciplinary action by any licensure/regulatory board? | Yes | No |
| 5. Have you entered into a consent or other agreement with any licensure or regulatory board in connection with disciplinary action? | Yes | No |
| 6. Are you aware of any pending disciplinary action against your license or certification in any state/jurisdiction? | Yes | No |
| 7. Have your clinical privileges at any hospital or other health care institution or clinic been denied, limited, suspended, revoked, or not renewed for any reason? | Yes | No |
| 8. Have you been denied professional liability insurance or has your policy been cancelled or restricted? | Yes | No |
| 9. Have you had psychiatric hospitalization in the past five years? | Yes | No |
| 10. Have you been treated for alcohol or drug abuse/dependence in the past five years? | Yes | No |
| 11. Do you suffer from any illness or health condition which limits or impairs your ability to practice in your profession? | Yes | No |
| 12. Have you been convicted of a felony in the past five years? | Yes | No |
| 13. Has any third party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to the quality of your professional practice? | Yes | No |
| 14. Have you been disciplined by a professional organization for a violation of ethical standards? | Yes | No |
| 15. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank? | Yes | No |

If you have answered "yes" to any of the above questions, please explain on a supplementary sheet.

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Board.

Signature

Date